



VRLC
VICTIMS' RECOVERY
LAW CENTER

October 10, 2023

RECORDS CUSTODIAN
Greater Philadelphia Health Action, Inc
800 Washington Avenue
Philadelphia, PA 19127

RE: Your Patient/Our Client: Felishatay Alvarado
SSN: xxx-xx-9891
DOB: 12/01/1989

Dear Records Custodian:

As you are aware from numerous prior communications, this firm represents Ms. Felishatay Alvarado regarding a traumatic incident that occurred on June 4, 2021. As we have been attempting for months to obtain Ms. Alvarado's medical and mental health records and itemized billing statements from GHPA, albeit without success, enclosed you will find a Notice of Records Deposition, Subpoena and Medical Authorization. Please note that the deposition of the Records Custodian has been *scheduled for October 18, 2023 beginning at 12:00 PM in our office located at 121 So. Broad Street, 18th Floor, Philadelphia, PA*. Personal appearance may be waived if we receive the requested information by close of business *October 17, 2023*. Failure to comply with the subpoena will result in court intervention.

Should you have any questions or concerns regarding the above or enclosed, please contact our office at 215-546-1433 or via email at katherine@victimrecoverylaw.com.

Very truly yours,

/s/ David P. Thiruselvam

DAVID P. THIRUSELVAM

/ck

Encs.

cc: All counsel of record (w/encs)

Via USPS Priority Mail-
9405830109355029460289



October 10, 2023

Via Personal Service & Fax -
215-925-4201; 215-339-5103

Greater Philadelphia Health Action, Inc
800 Washington Avenue
Philadelphia, PA 19127

RE: Felishatay Alvarado Records Request
SS No.: xxx-xx-9891
DOB: 12/01/1989

Dear Sir/Ma'am:

Please be advised that this law firm represents Ms. Felishatay Alvarado. To that end, enclosed you will find a Notice of Records Deposition, Subpoena, and Medical Authorization. Please note that the deposition of the Records Custodian has been **scheduled for October 18, 2023 beginning at 12:00 PM in our office located at 121 So. Broad Street, 18th Floor, Philadelphia, PA**. Personal appearance may be waived if we receive the requested information by close of business **October 17, 2023**.

Should you have any questions or concerns regarding the above or enclosed, please contact our office at 215-546-1433 or via email at katherine@victimrecoverylaw.com.

Very truly yours,

/s/David P. Thiruselvam

DAVID P. THIRUSELVAM

/ck

Encs.

cc: All counsel of record (w/encs)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

FELISHATAY ALVARADO : Civil Action

v. : No. 22-3763

CITY OF PHILADELPHIA, *et al.* :

**NOTICE OF DEPOSITION OF RECORDS CUSTODIAN OF GREATER
PHILADELPHIA HEALTH ACTION, INC. (GPHA)**

To: Records Custodian
Greater Philadelphia Health Action, Inc.
800 Washington Avenue
Philadelphia, PA 19147

Please take notice that pursuant to the Pennsylvania Rules of Civil Procedure 4007.1 *et seq.*, Plaintiff's Counsel will take the oral deposition of the Records Custodian of Greater Philadelphia Health Action, Inc., on **October 18, 2023 beginning at 12:00 PM** at the Victims' Recovery Law Center, 121 South Broad Street, 18th Floor, Philadelphia, Pennsylvania 19107, before a person authorized by law to administer oaths. Deponent will remain day to day until the deposition is completed and is requested to bring with him the following:

Any and all medical records, itemized billing statements, and mental health records including but not limited to therapy/counseling session notes of Robert Willis, LCSW from June 4, 2021 through the present time for Felishatay Alvarado Date of Birth: 12/01/1989.

VICTIMS' RECOVERY LAW CENTER

Is/ David P. Thirusevam

DAVID P. THIRUSELVAM, ESQUIRE

Attorney for Plaintiff

Date: October 10, 2023

CERTIFICATE OF SERVICE

I, David P. Thiruselvam, Esquire, hereby certify that I caused a true and correct copy of Subpoena Duces Tecum and Notice of Records Deposition Pursuant to Pa. R.C.P. 4007.1 *et seq* to be served on the below parties:

Adam R. Zurbriggen, Esquire
Jonah Santiago-Pagan, Esquire
1515 Arch Street, 14th Floor
Philadelphia, PA 19102

VICTIMS' RECOVERY LAW CENTER

ls/ David P. Thiruselvam
DAVID P. THIRUSELVAM, ESQUIRE
Attorney for Plaintiff

UNITED STATES DISTRICT COURT
for the
Eastern District of Pennsylvania

FELISHATAY ALVARADO

Plaintiff

v.

Civil Action No. 22-3763

CITY OF PHILADELPHIA, et al.

*Defendant***SUBPOENA TO TESTIFY AT A DEPOSITION IN A CIVIL ACTION**

To: Records Custodian of Greater Philadelphia Health Action, Inc.

(Name of person to whom this subpoena is directed)

Testimony: YOU ARE COMMANDED to appear at the time, date, and place set forth below to testify at a deposition to be taken in this civil action. If you are an organization, you must promptly confer in good faith with the party serving this subpoena about the following matters, or those set forth in an attachment, and you must designate one or more officers, directors, or managing agents, or designate other persons who consent to testify on your behalf about these matters:

Place: Victims' Recovery Law Center
121 So. Broad Street, 18th Floor
Philadelphia, PA 19107

Date and Time: October 18, 2023 at 12:00 PM

The deposition will be recorded by this method: Stenographic

Production: You, or your representatives, must also bring with you to the deposition the following documents, electronically stored information, or objects, and must permit inspection, copying, testing, or sampling of the material: Any and all medical records, itemized billing statements, and mental health records including but not limited to therapy/counseling session notes of Robert Willis, LCSW from June 4, 2021 through the present time for Felishatay Alvarado Date of Birth: 12/01/1989.

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date:



CLERK OF COURT

OR

/s/David P. Thiruselvam

Signature of Clerk or Deputy Clerk

Attorney's signature

The name, address, e-mail address, and telephone number of the attorney representing *(name of party)* _____
Plaintiff, Felishatay Alvarado _____, who issues or requests this subpoena, are:

David P. Thiruselvam, VRLC, 121 S. Broad Street, 18th Floor, Philadelphia, PA 19107, 215-546-1433

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

I received this subpoena for (name of individual and title, if any) Victims Recovery Law Center on (date) 10/10/23.

I served the subpoena by delivering a copy to the named individual as follows:

X - Kisha Sowell
X - Kisha Sowell

on (date) _____ ; or

I returned the subpoena unexecuted because: N/A

Unless the subpoena was issued on behalf of the United States, or one of its officers or agents, I have also tendered to the witness the fees for one day's attendance, and the mileage allowed by law, in the amount of

\$ 4 TIME CYCLE

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/10/23

Daniel Mattera
Server's signature

DANIEL MATTERA
Printed name and title

230 N 2nd St 1C
Server's address

Additional information regarding attempted service, etc.:

Security showed me to the MOD who then sign for the Subpoenas

AUTHORIZATION FOR HEALTH/ INSURANCE INFORMATION DISCLOSURE

PATIENT INFORMATION

PATIENT NAME: Felishatay Alvarado

DATE OF BIRTH: 12/01/1989 SOCIAL SECURITY NO.: xxx-xx-9891

I HEREBY AUTHORIZE: Robert Willis, LCSW, and GPHA
(Name of Physician's office/ medical practice disclosing information)

REQUESTOR / RECIPIENT INFORMATION

Please disclose the following protected information to:

Victims' Recovery Law Center
David P. Thiruselvam, Esquire
121 So. Broad Street, 18th Floor
Philadelphia, PA 19107
via Facsimile: 856-208-8640
katherine@victimrecoverylaw.com

Please indicate the information or types of information to be disclosed: Any/all medical, mental health records and itemized billing

Specify dates (or date ranges) if applicable: June 4, 2021 to present

This request is for the purpose of: Litigation/ legal matters.

I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing and addressed to the privacy officer of the above named facility authorized to make this disclosure. I understand that the revocation does not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire in six months or on the following date: 12/31/23

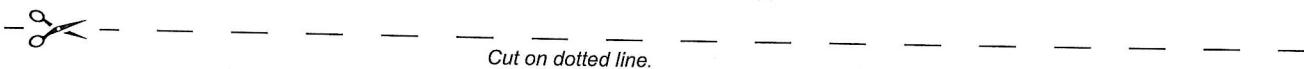
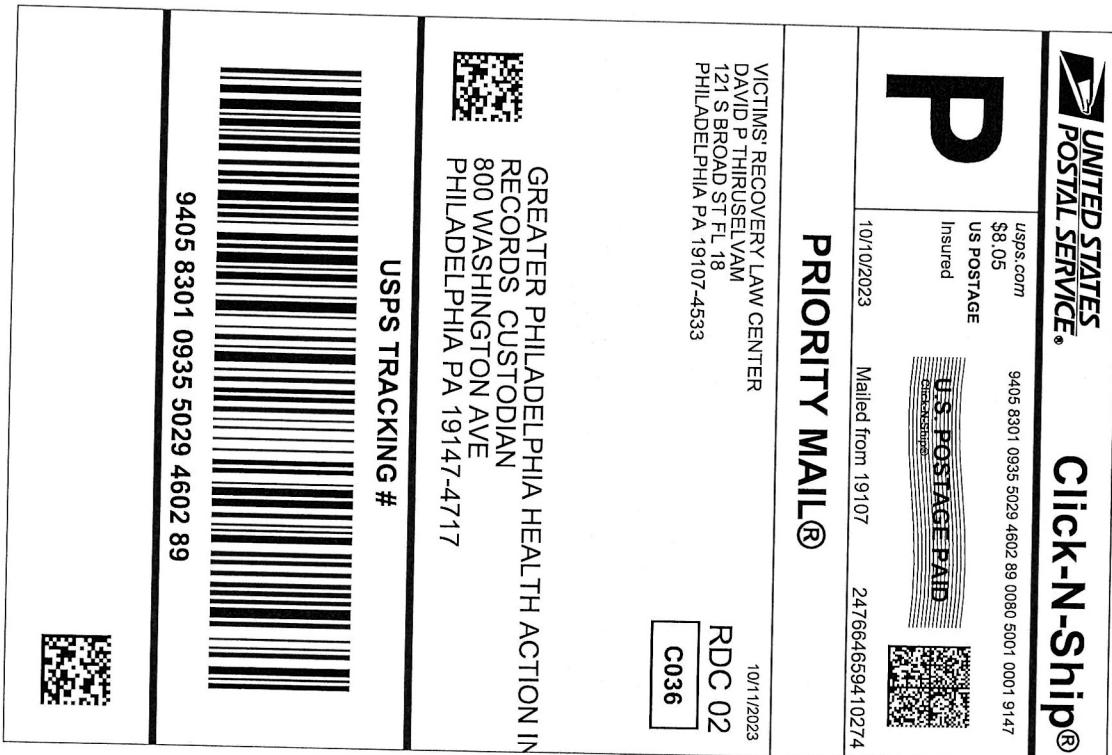
I understand that any disclosure of information may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I understand that I need not sign this authorization to assure treatment. I understand that I may inspect and/or copy the information to be disclosed. I understand that authorizing this disclosure is voluntary. I understand that if I have any questions about disclosure of my health information, I may contact the privacy officer at the facility listed above that is authorized to disclose this information and request a copy of this authorization.

I understand that my health record may include information pertaining to the treatment of drug and alcohol abuse, mental illness, acquired immunodeficiency syndrome(AIDS), or immunodeficiency virus{HIV}, sexually transmitted diseases, tuberculosis or genetics.

Lilishataj allured
Signature of Patient or Authorized Representative

9/27/23

Date



Instructions

1. Please use a laser or laser-quality printer.
2. Adhere shipping label to package with tape or glue - DO NOT TAPE OVER BARCODE. Be sure all edges are secure. Self-adhesive label is recommended.
3. Place label so that it does not wrap around the edge of the package.
4. Each shipping label number is unique and can be used only once - DO NOT PHOTOCOPY.
5. Please use this shipping label on the "ship date" selected when you requested the label.
6. If a mailing receipt is required, present the article and Online e-Label Record at a Post Office for postmark.

9405 8301 0935 5029 4602 89		
Print Date: 2023-10-10	PRIORITY MAIL®	\$8.05
Ship Date: 2023-10-10	Extra Services:	\$0.00
	Fees:	\$0.00
	Total:	\$8.05
From: VICTIMS' RECOVERY LAW CENTER DAVID P THIRUSELVAM 121 S BROAD ST FL 18 PHILADELPHIA PA 19107-4533		
To: GREATER PHILADELPHIA HEALTH ACTION INC RECORDS CUSTODIAN 800 WASHINGTON AVE PHILADELPHIA PA 19147-4717		

* Commercial Pricing PRIORITY MAIL® rates apply. There is no fee for USPS Tracking® service on PRIORITY MAIL® service with use of this electronic rate shipping label. Refunds for unused postage paid labels can be requested online 30 days from the print date.

UNITED STATES POSTAL SERVICE. Thank you for shipping with the United States Postal Service!
 Check the status of your shipment on the USPS Tracking® page at usps.com